

**VOCA ARRA
FFY09
APPLICATION**

| | | |
|---|--|---|
| APPLICATION FOR FEDERAL ASSISTANCE | 2. DATE SUBMITTED March 19, 2009 | Applicant Identifier |
| 1. TYPE OF SUBMISSION Application Non-Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | |
| Legal Name Illinois Criminal Justice Information Authority | | Organizational Unit Federal and State Grants Unit |
| Address 300 West Adams Street Suite 700 Chicago, Illinois 60606-5101 | | Name and telephone number of the person to be contacted on matters involving this application Chojnacki, John (312) 793-1300 |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 36-3956180 | | 7. TYPE OF APPLICANT State |
| 8. TYPE OF APPLICATION New | | 9. NAME OF FEDERAL AGENCY Office for Victims of Crime |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.801 CFDA Recovery Act - Victim Assistance Formula TITLE: Grants | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Recovery Act - OVC FY09 VOCA Victim Assistance Formula Grant Program |
| 12. AREAS AFFECTED BY PROJECT State of Illinois | | |
| 13. PROPOSED PROJECT Start Date: October 01, 2008 End Date: September 30, 2012 | | 14. CONGRESSIONAL DISTRICTS OF a. Applicant IL02 IL01 IL03 IL04 IL05 IL06 IL07 IL08 IL09 IL10 IL11 IL12 b. Project IL13 IL14 IL15 IL16 IL17 IL18 IL19 ILCD ILND ILSD |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO |

| | | |
|--|-------------|--|
| Federal | \$1,353,000 | REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? This preapplication/application was made available to the state executive order 12372 process for review on 03/19/2009 |
| Applicant | \$0 | |
| State | \$0 | |
| Local | \$0 | |
| Other | \$0 | |
| Program Income | \$0 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? N |
| TOTAL | \$1,353,000 | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED. | | |

Close Window



FY 09 Recovery Act - Victims of Crime Act (VOCA)
Victim Assistance Formula Grant Program 2009-40207-IL-SG

[Application](#)[Correspondence](#)[Switch to ...](#)**Application Handbook****Assurances and Certifications**[Overview](#)

To the best of my knowledge and belief, all data in this application/preapplication is true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

[Applicant Information](#)[Project Information](#)

Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the following:

[Budget and Program Attachments](#)[Assurances and Certifications](#)

1. [Assurances](#)
2. [Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace requirements.](#)

[Review SF 424](#)[Submit Application](#)

If you are an applicant for any Violence Against Women grants, this includes the Certification of Compliance with the Statutory Eligibility Requirements of the Violence Against Women Act.

[Help/Frequently Asked Questions](#)[GMS Home](#)[Log Off](#)

| | |
|------------------|-----------------------|
| *Prefix: | Ms. |
| Prefix (Other): | |
| *First Name: | Lori |
| Middle Initial: | G |
| *Last Name: | Levin |
| Suffix | Suffix: |
| Suffix (Other): | |
| *Title: | Executive Director |
| *Address Line 1: | 300 West Adams Street |
| Address Line 2: | Suite 700 |
| *City: | Chicago |
| County: | |
| *State: | Illinois |
| *Zip Code: | 60606 - 5101 |

| | | | |
|--|-------------------------|-------|--|
| *Phone: | 312 - 793 - 8550 | Ext : | |
| Fax: | 312 - 793 - 8422 | | |
| *E-mail: | Lori.Levin@Illinois.gov | | |
| <p><input checked="" type="checkbox"/> I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority of official, to provide the information requested throughout this application system on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.</p> | | | |

Save and Continue

NOTE: You must click on the "Accept" button at the bottom of the page before closing this window



OMB APPROVAL
NUMBER 1121-0140

EXPIRES 06/30/2009

STANDARD ASSURANCES

The Applicant hereby assures and certifies compliance with all applicable Federal statutes, regulations, policies, guidelines, and requirements, including OMB Circulars A-21, A-87, A-102, A-110, A-122, A-133; Ex. Order 12372 (intergovernmental review of federal programs); and 28 C.F.R. pts. 66 or 70 (administrative requirements for grants and cooperative agreements). The applicant also specifically assures and certifies that:

1. It has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. It will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. It will give the awarding agency or the General Accounting Office, through any authorized representative, access to and the right to examine all paper or electronic records related to the financial assistance.
4. It will comply with all lawful requirements imposed by the awarding agency, specifically including any applicable regulations, such as 28 C.F.R. pts. 18, 22, 23, 30, 35, 38, 42, 61, and 63, and the award term in 2 C.F.R. § 175.15(b).
5. It will assist the awarding agency (if necessary) in assuring compliance with section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. § 470), Ex. Order 11593 (identification and protection of historic properties), the Archeological and Historical Preservation Act of 1974 (16 U.S.C. § 469 a-1 et seq.), and the National Environmental Policy Act of 1969 (42 U.S.C. § 4321).
6. It will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); The Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 7 94); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); see Ex. Order 13279 (equal protection of the laws for faith-based and community organizations).
7. If a governmental entity:
 - a. it will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. § 4601 et seq.), which govern the treatment of persons displaced as a result of federal and federally-assisted programs; and
 - b. it will comply with requirements of 5 U.S.C. §§ 1501-08 and §§ 7324-28, which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by federal assistance.

Accept

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h1>U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE CHIEF FINANCIAL OFFICER

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Acceptance of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 2 CFR Part 2867, "DOJ Implementation of OMB Guidance of Nonprocurement Debarment and Suspension," and 28 CFR Part 83, "Government-wide Debarment and Suspension," and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Section 2867.20(a):

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, Subpart F, for grantees, as defined at 28 CFR Sections 83.620 and 83.650:

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 810 7th Street, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

**Illinois' Recovery Act – OVC FY09 VOCA Victim Assistance
Formula Grant Program**

Application #2009-40207-IL-SG

Administrative and Training Funds

Illinois will utilize five percent of its FFY09 VOCA ARRA award to administer the victim assistance grant program. Illinois certifies that these administrative funds will not be used to supplant state funds. No funds will be set aside for training.

**Illinois' Recovery Act – OVC FY09 VOCA Victim Assistance
Formula Grant Program**

Application #2009-40207-IL-SG

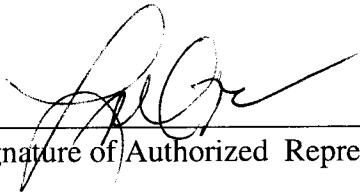
**Certification of Compliance with “State Grantee Eligibility Requirements”
Statement**

The Authority certifies that it has in the past and will continue to comply with the requirements set forth in Part II of the State Grantee Eligibility Requirements and all applicable federal laws, including the National Historic Preservation Act and the *OJP Financial Guide*. The Authority further certifies that each victim services organization receiving victim assistance grant funds will meet all of the requirements detailed in Part IV of the Subgrantee Eligibility Requirements. These include the following:

- Victim assistance grant funds will be used only to provide services to victims of crime, except for a maximum of 5 percent that may be used for administration and training.
- Victim assistance grants and administrative funds will not be used to supplant state and local public funds that would otherwise be available for crime victim services.
- A minimum of 40 percent of the total grant will be awarded by giving 10 percent to each of 4 categories of crime victims: sexual assault, domestic violence, child abuse, and underserved. Underserved victims are designated by type of crime and are determined by the state grantee. This requirement may be waived if the state grantee can document to OVC the following:
 - A category of crime victims is currently receiving a significant amount of financial assistance from the state or other funding sources.
 - A smaller amount of financial assistance, or no assistance, is needed in the VOCA victim assistance grant program.
 - Crime rates have diminished for the particular type of crime.
- Fund accounting, auditing, and other records as necessary will be maintained to assure fiscal control, proper fund management, and efficient disbursement of funds received under the VOCA victim assistance program.
- The Illinois Criminal Justice Information Authority will provide OVC the names of a civil rights contact person (Human Resources, Jack Cutrone – 312-793-8947) who is responsible for ensuring that all applicable civil rights requirements are met and who will act as liaison in civil rights matters with the Office of Justice Programs, Office of Civil Rights.

- No person on the grounds of race, color, religion, national origin, disability, or sex shall be excluded from participating in, or be denied the benefits of, or be subjected to discrimination under, or be denied employment in any undertaking funded in whole or in part with VOCA victim assistance grant funds.
- Required programmatic and financial reports will be submitted on the use of VOCA victim assistance funds by OVC deadlines.
- OVC and the cognizant agency will promptly be notified of any illegal acts or irregularities, and of proposed and actual actions, if any. Illegal acts and irregularities include conflicts of interest, falsification of records or reports, and misappropriation of funds or other assets.
- State grantee and its subgrantees will comply with the applicable provisions of the *VOCA Final Program Guidelines VOCA FFY 1997 Victim Assistance Program*.
- State grantees are required to assist OVC in implementing its responsibilities under the National Historic Preservation Act (NHPA). Specifically, the grantee will establish and maintain records when reviewing and considering any request for use of grant funds that involve proposed renovation work. Renovation work includes altering or otherwise improving the exterior or interior of a structure. This applies to proposed renovation work that is not only specifically funded with OVC victim assistance grant funds, but this requirement also applies if funded by the grantee or any third party as a prerequisite to accommodate the proposed use of the grant funds. The grantee must certify to OVC that the grantee has established and maintains records of any proposed renovation work on a structure that is less than 50 years old or 50 years and older. If the structure is determined to be less than 50 years old and this fact is documented in the grant file, no further action is required. If any portion of the structure is 50 years or older, the grantee is required to contact the State Compensation and Assistance Division Director at 202-307-5983 to provide information needed for the NHPA consultation process. This may include assisting OVC to consult with the State Historic Preservation Officer and amending the proposed renovation work to avoid any potential adverse impact to the historic structure. The grantee assures not to fund any proposed renovation of a structure 50 years or older until the grantee has received written approval from OVC.

| | | |
|-----------------------------------|---------------------------|-----------------------|
| <u>Lori G. Levin</u> | <u>Executive Director</u> | <u>(312) 793-8550</u> |
| Name of Authorized Representative | Title | Telephone Number |


Signature of Authorized Representative

3/19/09
Date Signed

SO
3/14/09

Illinois Criminal Justice Information Authority
Agency Name

**Illinois' FFY09 Recovery Act – OVC FY09 VOCA Victim Assistance
Formula Grant Program**

Application #2009-40207-IL-SG

Plan for the Collection of the Data Required for Performance Measures

The Illinois Criminal Justice Information Authority will utilize existing Data and Fiscal reporting instruments already in place for our current VOCA funded programs for the ARRA funded programs, with the addition of an appendix to collect the ARRA specific performance measures as listed on page 11 of the solicitation. These performance measures will be built into the subgrantee applications for all ARRA funds administered through the Illinois Criminal Information Authority, and a database system will be built for the collection of the performance measures and reporting to Office for Victims of Crime. The data will be submitted along with other fiscal and data information collected from the grantees on a quarterly basis to OVC no later than 10 days following the end of the quarter. If a standard form and/or reporting mechanism is made available by the Office for Victims of Crime, the Illinois Criminal Justice Information Authority will utilize that mechanism for its reporting process for these performance measures, but continue to utilize our current reporting instruments for other fiscal and data information.



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

**Recovery Act – OVC FY 09 VOCA Victim Assistance
Formula Grant Program**

Certification as to Recovery Act Reporting Requirements

On behalf of the applicant entity named below, I certify the following to the Office of Justice Programs, U.S. Department of Justice:

I have personally read and reviewed the section entitled "Accountability and Transparency under the Recovery Act" in the program announcement for the Recovery Act grant program identified above. I have also read and reviewed section 1512(c) of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), concerning reporting requirements for grants. I agree that the applicant will comply with the reporting requirements set forth therein with respect to any grant the applicant may receive under the Recovery Act grant program identified above.

I acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. § 1001. I also acknowledge that Office of Justice Programs, grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs, and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant entity (that is, the entity applying directly to the Office of Justice Programs).



Signature of Certifying Official

Lori G. Levin

Printed Name of Certifying Official

Executive Director

Title of Certifying Official

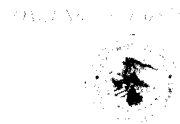
Illinois Criminal Justice Information Authority

Full Name of Applicant Entity

March 19, 2009

Date

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3/19/09



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

**Recovery Act - OVC FY 09 VOCA Victim Assistance
Formula Grant Program**

General Certification as to Requirements for Receipt of Funds for Infrastructure Investments

On behalf of the applicant state or unit of local government (including tribal government) named below, I certify the following to the Office of Justice Programs ("OJP"), U.S. Department of Justice:

I have personally read and reviewed the section entitled "Eligibility" in the program announcement for the Recovery Act grant program named above. I also have personally read and reviewed section 1511 of the American Recovery and Reinvestment Act of 2009 (the "Recovery Act"), which requires a specific certification prior to receipt of Recovery Act funds for infrastructure investments.

Initial the statement that applies:

X
The applicant identified below **does not intend to use** any portion of any funds received under this Recovery Act grant program for any infrastructure investment. Should this intention change, the applicant will promptly notify OJP, and (except to the extent, if any, that OJP has given prior written approval to expend funds to conduct the review and vetting required by law) will not draw down, obligate, or expend any funds received under this Recovery Act program for any infrastructure investment project until section 1511 of the Recovery Act has been satisfied, and an adequate project-specific certification has been executed, posted, and submitted to OJP.

The applicant identified below **does intend to use** some or all of any funds received under this Recovery Act grant program for one or more infrastructure investment projects. Except to the extent, if any, that OJP has given prior written approval to expend funds to conduct the review and vetting required by law, I agree that the applicant entity will execute, post, and submit to OJP, prior to obligating, expending, or drawing down funds for such project, a project-specific certification that satisfies all of the requirements of section 1511 (including execution by the Governor, mayor, or other chief executive, as appropriate) for each such infrastructure investment project.

Page 2 of 2

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

General Certification as to Requirements for Receipt of Funds
for Infrastructure Investments

I acknowledge that a false statement in this certification may be subject to criminal prosecution, including under 18 U.S.C. § 1001. I also acknowledge that Office of Justice Program grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs and/or by the Department of Justice's Office of the Inspector General.

I have authority to make this certification on behalf of the applicant (that is, the governmental entity applying directly to the Office of Justice Programs).



Signature of Certifying Official

Lori G. Levin

Printed Name of Certifying Official

Executive Director

Title of Certifying Official

Illinois Criminal Justice Information Authority

Full Name of Applicant Government Entity

March 19, 2009

Date

SC
3/19/09



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 700 • Chicago, Illinois 60606 • (312) 793-8550

March 19, 2009

Kathleen Hazelwood
Legislative Research Unit
222 S. College Street, Suite 301
Springfield, Illinois 62704-1894

Dear Ms. Hazelwood:

Enclosed please find three copies of Illinois' application for Recovery Act – OVC FY09 VOCA Victim Assistance Formula Grant Program funding, under the U.S. Department of Justice, Office of Justice Programs, and Office for Victims of Crime. Included with the application materials is the required LRU191 form.

It is my understanding that, according to the established procedures, your office will forward this application to both the Office of Management and Budget and the Single Point of Contact (pursuant to Executive Order 12372) for review and approval. Please do not hesitate to contact me at (312) 793-8550 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori G. Levin", with a long, sweeping horizontal line extending to the right.

Lori G. Levin
Executive Director

Enclosures

cc: Masterfile ⁵⁰ 3/17/09

I. IDENTIFICATION

| | | | |
|--|-----|--------------------|--|
| SAI #'s: | TBD | Recovery VOCA 2009 | CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 16.801 |
| AGENCY: Division(s) receiving/administering funds: <u>Illinois Criminal Justice Information Authority</u> <u>Federal and State Grants Unit</u> | | | CUSAS/SAMS # - Division # 546 01 |
| Federal Public Law No: <u>2009 Pub. L. No. 111-5 and 42 U.S.C. 10603(a)</u> | | | Federal Program Title: <u>Recovery Act: State Victim Assistance Formula Grant Program</u> |
| Administering Federal Agency & Office: <u>U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime</u> | | | |

II. DESCRIPTION

| | | | | |
|---|--|---|------------------------------------|------------------|
| 1. Type of Program | | | | |
| Formula Grant XX | Project Grant | Contract | Other: Discretionary Grant | |
| 2. Type of Payment Mechanism: | | | | |
| Drawdown as Required XX | Reimbursement - portion of expenditures | Regular installment | Lump Sum In Advance | |
| Other (specify): | | | | |
| 3. Federal funds are deposited in the following State Treasury Fund(s): | | | | |
| Treasury Fund No: | <u>488</u> | Treasury Fund Name: | <u>Criminal Justice Trust Fund</u> | |
| Treasury Fund No: | | Treasury Fund Name: | | |
| 4. Were federal monies appropriated by the General Assembly? | | | | |
| FY08 Yes | N/A | FY08 No | | |
| FY09 Yes | XX | FY09 No | | |
| 5. Under what authority does your agency receive and expend these funds? | | | | |
| <u>20 ILCS 3930/1-7</u> | | | | |
| 6. Matching Requirements: | | | | |
| Is State match required? | | | | |
| Yes | XX | If YES, specify: | FY08 % | FY09 % |
| No | | X Federal % | N/A | 80% |
| | | X State % | N/A | 0.05% |
| | | X Local % | N/A | 19.50% |
| Is State match required to be: | | | | |
| Cash | XX | | | |
| In Kind | XX | | | |
| Source of State Match: | | | | |
| Treasury Fund No: | | Treasury Fund Name: | | |
| If no Local Match is indicated, does program allow use of local funds in lieu of State Match? | | | | |
| | | Yes | | |
| | | No | XX | |
| 7. INDIRECT COSTS: Is your agency operating under a federally approved indirect cost reimbursement plan? | | | | |
| | | Yes | | |
| | | No | XX | |
| If YES, will the reimbursement amount be set by: | | | | |
| | | an indirect cost rate? | | |
| | | a cost allocation plan? | | |
| | | a negotiated lump sum for overhead costs? | | |
| Estimated indirect costs to be recovered from the federal government: | | | | |
| | FY08: | | FY09: | |
| 8. SOURCE OF FUNDS: | | | | |
| XX | Direct from the federal government | | | |
| | Indirect; through an intermediary (specify agency) | | | |
| 9. What would be the total cost to the State if federal funds available under this program were discontinued and the State assumed full financial responsibility? | | | | |
| | FY08: | <u>\$0</u> | FY09: | <u>\$100,000</u> |

**FORM NO: ICIC191
FEDERAL AID INFORMATION**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------|-----------|--------------------------|--|--------------|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|--------|-----------|---------|--------------------|--|--|--|-------------------|--|----|--|---------------------|--|----|--|------------------------|--|--|--|
| <p>10. Are some of these funds subgranted to other STATE agencies? XX Yes No</p> <p>If YES, list probable State Agency CUSAS #'s and amounts:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">Agency</td> <td style="text-align: center;">Amount</td> </tr> <tr><td>1 Attorney General, #340</td><td></td></tr> <tr><td>2 IDOC, #426</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> <tr><td>6</td><td></td></tr> <tr><td>7</td><td></td></tr> <tr><td>8</td><td></td></tr> </table> | Agency | Amount | 1 Attorney General, #340 | | 2 IDOC, #426 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | <p>12. Planning and Reporting Requirements: Is planning document required by granting agency? XX Yes No</p> <p>Are other reports required by granting agency? XX Yes No</p> <p>If YES, complete table below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Annual</td> <td style="text-align: center;">Quarterly</td> <td style="text-align: center;">Monthly</td> </tr> <tr> <td>Evaluation Report:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Financial Report:</td> <td></td> <td style="text-align: center;">XX</td> <td></td> </tr> <tr> <td>Performance Report:</td> <td></td> <td style="text-align: center;">XX</td> <td></td> </tr> <tr> <td>Other (please specify)</td> <td></td> <td></td> <td></td> </tr> </table> | | Annual | Quarterly | Monthly | Evaluation Report: | | | | Financial Report: | | XX | | Performance Report: | | XX | | Other (please specify) | | | |
| Agency | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Attorney General, #340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 IDOC, #426 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Annual | Quarterly | Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Report: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Report: | | XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Performance Report: | | XX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. Are some of these funds subgranted to LOCAL governments? XX Yes No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

III. FISCAL INFORMATION

| PROGRAM FISCAL INFORMATION (in thousands of dollars) | FY08 | FY09 |
|---|------|-------------|
| 13. FORMULA ALLOCATION | | |
| Amount of federal funds legally available from allocation (Enter NA if not a formula grant) | \$0 | \$1,353,000 |
| 14. AVAILABLE AWARDS: | | |
| A. Amount of federal funds awarded. | \$0 | \$1,353,000 |
| B. Amount of federal funds carried over from previous years. | \$0 | \$0 |
| C. TOTAL federal funds available for expenditure (1+2) | \$0 | \$1,353,000 |
| 15. FEDERAL FUND EXPENDITURES: | | |
| A. Amount of federal funds expended for your agency's activities. | \$0 | \$0 |
| B. Amount of federal funds subgranted to other state, local or private agencies | \$0 | \$100,000 |
| | | \$0 |
| C. TOTAL federal funds expended (1+2) | \$0 | \$100,000 |
| 16. STATE EXPENDITURES: | | |
| A. Amount of State funds expended as matching requirement | \$0 | \$0 |
| B. Other State funds expended for support of program. | \$0 | \$0 |
| C. TOTAL State funds expended (1+2) | \$0 | \$0 |
| 17. CASH RECEIPTS: | | |
| A. Cash receipts deposited in first trust fund listed in Part II Section C. | \$0 | \$100,000 |
| B. Cash receipts deposited in second trust fund listed in Part II Section C. | \$0 | \$0 |

IV. PROGRAM INFORMATION

Please provide information on the State programs and services provided with these funds. For example, the Preventive Health Services Block Grant supports programs for hypertension, rape crisis centers and grants to local health agencies. Area served might be "statewide" or a particular target area such as "city" or "county." Also provide an estimate of the number of persons/clients served by each program.

| State Program Name | Area Served | Number of Persons Served |
|--------------------|-------------|--------------------------|
| 1 | | |
| 2 | TBD. | |
| 3. | | |
| 4. | | |
| 5. | | |

Survey Completed By:

| | | |
|--|-------------------------|--|
| Name: <u>Ted Miller</u> | Date: <u>03/19/2009</u> | Phone: <u>312-793-8550</u> |
| Title: <u>Chief Fiscal Officer</u> | | Fax: <u>312-793-8422</u> |
| Agency: <u>Illinois Criminal Justice Information Authority</u> | | E-Mail: <u>Ted.Miller@Illinois.gov</u> |
| <u>300 West Adams Street Suite 700, Chicago, IL 60606</u> | | |

Comments:

ICJIA also receives VOCA funds (not Recovery Act) under CFDA# 16.575. State agencies listed in Box 10 have received VOCA funding under CFDA# 16.575; Recovery Act VOCA subgrantees have not yet been determined.